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Strengthening Family Planning **تعزيز تنظيم الأسرة** **Project**

Family Planning Focus Group **Discussions among Married Women of** **Reproductive Age in Jordan**

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Acronyms and Abbreviations

CBO	Community Based Organization
JAFPP	Jordanian Association for Family Planning and Protection
FGD	Focus Group Discussion
FP	Family Planning
ISG	International Solutions Group
MoH	Ministry of Health
MWRA	Married women of reproductive age
NGO	Non-Governmental Organization
UNRWA	United Nations Relief and Works Agency for Palestine Refugees

Executive Summary

The goal of the Strengthening Family Planning Project is to expand the access, quality, and utilization of family planning services in Jordan. This report presents the results of 12 focus group discussions (FGDs) conducted by the project to identify in-depth psychological, sociological and cultural factors affecting the use of modern family planning (FP) methods among Jordanian married women of reproductive age (MWRA). Specifically, the FGDs covered three topic areas: (a) determinants for FP use, (b) use of traditional versus modern methods, and (c) the FP decision-making process.

Key reported participant perceptions include:

Family Planning Perceptions

- Having children earlier in married life was a good decision for health reasons and because of social expectations and pressures.
- There are some concerns with having children early in life, such as maturity of the mother and financial stability, but having a child as early as possible after marriage is more important than any age-specific concerns. This was specifically related to perceived social pressures.
- Having children within the first two years of marriage is preferable as is a space of three to five years between children.

Motivations to Switch from Traditional to Modern Family Planning Methods

- The most concerning difficulties associated with modern birth control methods (i.e. the pill, IUDs) are those that impact the woman's body. The main reason preventing them from moving to modern methods was the impact it would have on their bodies and the possibility of it affecting future fertility.
- Regardless of problems they encounter with contraceptives, there are a number of benefits to using them. Modern and traditional FP methods are perceived to have the same ultimate outcome.

Family Planning Decision Making

- Extended family, especially mother-in-laws, are influential in family planning and family size decisions.
- Family members help to resolve disagreements and challenges related to FP.

General Family Planning Information

- Participants have a preference for IUDs and the pill as family planning methods.
- Participants seek a wide selection of additional information on family planning, including information about side effects, especially longer term, of modern birth control methods and how contraceptives affect future pregnancy.

Introduction

The goal of the Strengthening Family Planning Project (“Ta’ziz Tanzim Al Usra” or “Ta’ziz” in short), managed and led by Abt Associates is to “expand the access, quality, and utilization of family planning services.” Expected outcomes in direct support of increased use of family planning (FP) are a) strengthened JAFPP management and governance systems; b) increased demand for and access to private sector and non-governmental organization services; c) improved quality of family planning / reproductive health services at the Jordanian Association for Family Planning and Protection (JAFPP) and UNRWA clinics; d) expanded method mix and product choice in the private and non-governmental sectors; and e) increased JAFPP financial self-sufficiency. The program will contribute to increased availability and use of modern contraceptive methods, a reduction in the current high rates of discontinuation and a reduction in unmet need.

The Ta’ziz project conducted a quantitative survey of 300 respondents. The purpose of the survey was to understand perceptions of and reasons for using or not using FP products and services. Findings from the survey guided the Strengthening Family Planning Project team in identifying topics requiring further exploration through focus group discussions (FGDs).

This report focuses on FGDs conducted with married women of reproductive age (MWRA) to understand the family planning market in Jordan. The study seeks to identify in-depth psychological, sociological and cultural factors affecting the use of modern FP methods among Jordanian married women of reproductive age (MWRA). Specifically, the FGDs covered three topic areas: (a) determinants for FP use, (b) use of traditional versus modern methods, and (c) the FP decision-making process.

Findings from this work will guide the Strengthening Family Planning Project marketing team in market segmentation analysis.¹

Methodology

To carry out this study, the Strengthening Family Planning project team hired a research consulting firm, International Solutions Group (ISG), to conduct the FGDs. The project team, together with ISG, developed three focus group discussion guides (see Annex A for English language versions of the FGD guides).

The three FGD topics were:

1. Motivators for using FP methods
2. Switching from traditional to modern FP methods
3. Decision making for FP methods

¹ The project completed an earlier market segmentation analysis based on a secondary review.

Upon initial appraisal of the study methodology and tools, Abt Associates Inc. Institutional Review Board provided approval for the study (IRB#0518). The FGDs adhered with ISG sensitivity and confidentiality guidelines.

ISG deployed an Amman-based study leader and a FGD facilitator in both urban (Amman, in the Marka neighborhood) and rural (Kerak and Baqa'a) locations. ISG recruited FGD participants through facilitators working with small partner community-based organizations.

ISG conducted 12 FGDs (four of each of the topic areas) as follows in Table 1. The FGD team provided participants with light refreshments.

Table 1: FGDs Conducted

Topic Area	Location	Number of Participants	Number of Children	Average Age	Years of Marriage
Motivators for using FP methods	Urban	9	0-10	45	8-44
		5	2-6	31	4-17
	Rural	6	2-4	30	5-12
		8	2-4	27	7-10
Switching from traditional to modern FP methods	Urban	11	1-11	43	2-27
		14	2-10	39	3-42
	Rural	5	1-6	37	3-26
		10	1-7	34	4-20
Decision making for FP methods	Urban	12	0-9	34	2-26
		12	4-9	41	11-31
	Rural	7	0-5	28	4-16
		8	3-8	36	10-30

The findings from the FGDs are limited by the diverse compositions of the groups (age ranges, numbers of children, and years in their marriages). While the project team intended to recruit MWRA from two age groups to participate in the FGDs (20-35 years of age and 36-55 years of age), the researchers were unable to do so. This occurred because:

- Participants brought (uninvited) neighbors and family members to scheduled FGDs. It would have been extremely rude and difficult to refuse these women from participating.
- Newly married women with no children often refused to participate in discussions on FP.

Main Findings

Motivators for Using FP Methods

Benefits of Having Children Early in Life

FGD participants perceived that having children earlier in life was a good decision. As stated by one participant:

“A woman earlier in life is in good health and is better able to get pregnant without becoming tired or sick or facing other health issues and complications.”

This also appears to be tied with perceptions of both the mother and child's health. As related by one woman:

“The percentage of Down syndrome babies increases considerably if the mother is over 40 years.”

In a similar vein, another participant believed the risks of congenital malformations in children born to older women increased with the age of the mother.

For some women, societal expectations and pressures also played a role in favoring early pregnancy. This was confirmed by two participants who stated women need to:

“prove fertility,”

and

“keep the husband and mother-in-law happy by having a baby earlier.”

Another participant stated that having a child earlier in life would:

“increase her standing and respect within the community.”

Several participants believed that it:

“is seen as the ‘right thing to do’ to have children early.”

Participants also believe that becoming pregnant is easier when younger. As stated by one participant:

“women are naturally more fertile when they are young, so they can quickly fall pregnant a second time, without having to worry about a lack of fertility or the impact this might have on their bodies.”

There is also a perception that the mother’s body can more readily adapt to, and recover from, pregnancy.

Another reason for favoring early pregnancy is perceived better interaction with children and other family members. As stated by one participant:

“women have more energy at a young age so they can not only take better care of their baby, but their husbands and families.”

This was echoed by another participant, who related:

“younger women are able to teach their children and support them in their education.”

Further:

“younger women are closer in age to that of their children and therefore better able to understand their needs and concerns.”

Concerns with Having Children Early in Life

FGD participants related a variety of concerns with having children early in life. For some, having children before 22 years of age was perceived as negative. However, all FGD participants believed that having a child as early as possible after marriage trumped any age-specific concerns; this was specifically tied to perceived social pressures.

Another set of concerns focused on the maturity of the mother. As stated by one participant:

“very young mothers do not have the maturity to care for their babies.”

This is echoed by other participants, who said:

“young mothers may not be mentally or emotionally ready or able to parent or raise a child,”

and

“A young mother may not have the patience to deal with her child's needs and demands and maybe become frustrated or bored with her children.”

Another set of concerns focused on the mother's ability to provide for their children adequately. For example, one participant state:

"I worry about having too many children early and then not having enough money to educate them, take care of their health, and basically raise them well."

Another participant stated:

"young women are often working and therefore struggle to have enough energy for work and raising young children."

Other participants suggested that having children earlier in life restricts the freedom of the mothers and may prevent her from being able to go out, finish her education or work.

Timing of Children in Marriage

All FDG participants believed that having children within the first two years of marriage is preferable. This stems from beliefs surrounding health issues and social pressures or expectations. As one woman proudly stated:

"My friend fell pregnant within the first five days of marriage which was so good for her. It meant she had her baby and then her relatives stopped putting pressure on her. It was also a sign she was very fertile."

Another woman related:

"I was the first in my family to marry, so I felt the responsibility to have a baby quickly, within the first year, so I could give my parents a grandchild."

Even one participant who suggested waiting to have a child was preferable said:

"I did end up conceiving in the first year of marriage, even though I wanted to wait a little longer. I just had so much pressure on me from my family and the community."

In all FGDs, however, there were participants who disagreed. In sum, these women felt that it was better to wait to build a more sound relationship with the husband and extended family and to have some initial 'married life' without the pressure of raising children. They suggested this would increase the chances of a positive married life once the children were born. According to participants, waiting to have children also gave the women a chance to:

"be free and live [their] life."

Birth Spacing Preferences

FGD participants agreed that a space of three to five years between children is preferable. As would be expected, some participants believed that less time was better (i.e. two years or less), while others believed more was ideal (i.e. more than five years).

Methods Used for Birth Spacing

Participants were asked to state common methods for birth spacing. Responses included:

- Intrauterine Contraceptive Device (IUCD)
- The Pill (Yasmin was most frequently mentioned)
- The Rhythm Method or counting
- Withdrawal
- Prophylactics (condoms)
- Breastfeeding

It is important to note that injectables or implants were not mentioned.

Difficulties with Birth Spacing Planning

FGD participants cited two clear difficulties when planning to space pregnancies: social pressure and issues with contraceptives.

Issues with contraceptives were the FGD participant's main concern. IUDs, in particular received special attention. For example, as stated by one participant:

"I was using an IUD and started to have pain in my back and my uterus. I went to see my doctor and found out I was pregnant. I was so upset. The IUD had not worked, and I was faced with having to give birth again so soon after my first pregnancy."

Another mentioned the difficulties she had using the IUD including mid-cycle bleeding.

Other contraception methods have caused difficulties for participants. For example, one woman noted that she had been using the rhythm method and fell pregnant, so she decided to try the pill. Another woman stated:

"I didn't like the pill because it caused me stress and tension, but I stayed on it. Then I fell pregnant on it, so after I had the baby I changed to an IUD. The first one I didn't like, so I changed and I like the IUD I have now."

While social pressures related by participants were a factor, they were generally seen as secondary to issues with contraceptives themselves. Social pressures came in a variety of forms. For example, one participant stated:

"condoms are not considered culturally appropriate forms of contraception,"

and

"husbands are unwilling to use them."

Another participant said she was under pressure from her mother-in-law to have another child, as she had only had one and it had been almost three years since the first baby was born. Her mother-in-law felt her child needed a brother or sister to play with.

Challenges associated with limiting births

FGD participants, in general, did not perceive major difficulties when trying to limit births. However, across the FGDs, participants cited pressures to have a male child and pressure from extended family (i.e. mothers-in-law or grandmothers) as relevant.

Motivations to Switch from Traditional to Modern Family Planning Methods

Difficulties Associated with Modern Birth Spacing Methods

FGD participants stated that the most concerning difficulties associated with modern birth control methods (i.e. the pill, IUDs) are those that impact the woman's body. Comments from participants included

"IUDs can move or slip and cause infection that can lead to infertility,"

and

"the contraceptive pill can cause problems with the thyroid,"

and

"injections can cause hormone unbalance and cysts in the breast."

Other participant stories included:

"I knew of one woman who took the pill for 10 days and her body blew up. It was full of water and she was in a lot of pain. It felt like she was going crazy. She went to the

doctor and they took her off it straight away. She had a bad reaction to the hormones,”

and

“the pill causes stress and tension and high blood pressure.”

Problems with IUDs also received attention from the participants. As one example, one woman became pregnant with both her first and second children when using an IUD. She went and had the IUD removed by her doctor as it was also causing her some pain.

Benefits of Using Modern Birth Spacing Methods

FGD participants related that, regardless of problems they encounter with contraceptives, there are a number of benefits to using them. These include:

- Able to relax and space pregnancies (more control)
- Gives the woman time to recover from previous pregnancies
- Break from breastfeeding
- Reduced financial impact on the family when births are spaced
- Time to take care of the children they already have
- Husbands also appreciate the break that contraceptives provide
- Allows the women recover emotionally and psychologically from childbirth.
- Ability to plan when to fall pregnant again, in terms of life circumstance (work, money, support)

In some case, FGD participants stated that husbands encouraged using modern methods. This is especially true after the first one or two children. As one said:

“My husband actually said to me, ‘please put in the IUD. We need a break!’”

Another related:

“My husband gave me money and asked me to go and buy the pill.”

Further, some FGD participants stated positive life outcomes that resulted from using contraceptives. These included:

- Condoms are easy to use and prevent infection
- IUDs are suitable for the body and easy to use, they can also help to regulate menstruation and blood pressure
- A woman has a chance to rest between pregnancies and this is better for her physically and emotionally
- Contraceptive pills can help to regulate menstruation and help with pain

Modern vs. Traditional Birth Spacing Methods

In one FGD, participants related a belief that both modern and traditional methods had the same outcome – neither was entirely successful and doubts remain about the effectiveness of both types of methods. At the same time, these participants stated their belief that modern methods were more reliable than traditional ones. This was confirmed by statements from participants that:

“women may forget to count or that irregularities in menstruation may cause counting to be inaccurate.”

Participants also stated that:

“the withdrawal method is unreliable since husbands may refuse and they have no control over this.”

In some cases traditional methods may be chosen for health reasons. Two participants preferred traditional methods because they did not like having “*foreign chemicals*” in their bodies. This tracks well with other participant observations about injectable contraceptives. For example, some participants who have used injectables stated they have not been able to fall pregnant for three or four years afterwards. Further, these participants have heard that periods become irregular using injectables, and some women do not get a period for years.

Factors Preventing Switching to Modern Birth Spacing Methods

FGD participants using traditional methods stated that the main reason preventing them from moving to modern methods was the impact it would have on their bodies and the possibility of it affecting future fertility. As spoken by one participant:

“I am scared of the modern methods. I find all the side effects worrying and putting things into your body is dangerous.”

Of these, the IUD came under particular scrutiny by participants currently using traditional methods as the worst form of modern method because they had heard IUDs increase bleeding and pain. The pill also received attention. Several participants believe the pill contributes to women feeling stressed and nervous and weight gain.

The general tone of the FGDs, however, indicated that participants would be willing to switch from traditional to modern methods depending on what suited their bodies best, and what methods were available and affordable.

Family Planning Decision Making

Determining the Number and Timing of Children

FGD participants had mixed views about determining how many children they would like to have and when to have them. For some participants, discussions were had with fiancés or extended family before marriage. For other participants, the number of children was not discussed at all.

Within all FGDs, participants cited social and cultural pressures to have children early and the necessity of producing a male child. One participant stated that:

“if a women does not have a child in the first year, everyone thinks there is something wrong with her, and that she should go and see a doctor.”

Another participant related:

“I did not want another child so soon after the first baby, but I had so much pressure on me from the family. They kept saying to me ‘God is not giving you any more children’.”

Another participant was still studying when she had her first child, which was a female. She was able to put any further pregnancies on hold until she finished her studies, but, because her first child was female, she was under pressure to have a boy, and fell pregnant immediately after she finished her course.

Individuals Involved in Family Planning Decisions

FGD participants related that extended family, especially mother-in-laws, are influential in family planning and family size decisions. One participant commented that:

“the pressure from her mother-in-law and her influence on her husband was due to the fact she wanted her to have boys.”

Another participant stated:

“My family and the people around me kept saying to me God willing you will have a boy, because I had only had girls.”

A number of FGD participants stated the decision to have or not to have more children (after a first baby) rested with their husbands.

The women also mentioned that they discussed their choice of contraception with their husbands, and that the decision on which method to use was more often than not made jointly.

The degree to which family members exerted influence and pressure on participants depended on the size of their own families, which other children had children, how many and if they had family members who had been unable to have children in the past. For example, one participant stated that she:

“Wanted her daughter to have children quickly since she had been an only child and did not want this for her grandchild.”

There was no consensus among FGD participants about who makes the final decision to have more children. In some cases participants were empowered to make this decision independently, in other cases couples made the decision jointly and in several cases participants stated that the final decision was left to the husband.

Challenges with Family Planning Decision Making

FGD participants stated a wide range of responses about types of disagreements on FP decision-making. A common theme across FGDs related to financial issues. As stated by one participant:

“My husband did not want a lot of children because of the financial pressure it would place on us. In fact, he would have preferred only one child, but he then said we should stop at two. When I accidentally fell pregnant a third time with twins, he was devastated. But I told him, this is a gift from God.”

Other participants said that they wanted to enjoy their life when they were young and this led to disagreements within the family. Another area that caused disagreement is the current size of the household. Whether or not to use contraceptives also led to disagreements.

FGD participants generally agreed that the necessity of family planning and birth spacing were topics of discussion in their relationships.

FGD participants stated that family members help to resolve disagreements and challenges. Sometimes couples will make a decision before discussing it with the extended family. Conversely, other participants stated they turn to the women in their family (mother, grandmother and sisters) to discuss the best way to resolve the problem. This was confirmed by another participant who said:

“I will turn to my family if my husband and I cannot agree on when to have the next baby. This helps us both to have their wisdom.”

Some participants also cited agreement with spouses around:

- Care of the children (how to care for them)

- The health of the mother, and whether she is ready for another pregnancy
- Need for the woman to care for herself after pregnancy
- Not having the children too close together
- The number of children

General Family Planning Information

Reasons for Choosing A Particular Family Planning Method

FGD participants stated a preference for IUDs. The rationale behind this was, women can get it inserted and then forget about it. IUDs also do not cause weight gain. Some participants also recommended the pill. Other participants preferred traditional methods and would not recommend modern methods.

One participant was against the idea of promoting one method over another. She stated:

“I don’t like the idea of recommending contraceptives because I think it depends on the woman’s body and how she reacts to it. On woman might have no problems at all using an IUD and then another woman might have terrible trouble. It’s what suits the woman.”

Access to Information about Family Planning Methods

Perceptions of access to adequate information varied across the FGDs. In some cases participants stated that they did not feel they had sufficient access to adequate information. In other cases, participants stated they have access to quite a bit of information on family planning, in particular on what methods are currently available, and they felt like they understood how the modern methods work.

One woman stated:

“We need to know more about what methods are available – we don’t seem to be given a choice. Some doctors just tell us what we should use, rather than let us choose, as they are marketing a certain product. They don’t care about what is best for us. Also some doctors are terrible at inserting IUDs and this is a big problem! It can lead to pain and bleeding for the woman.”

FGD participants said they accessed information both formally and informally through the following:

- Access to JFPP clinic, home visits and brochures
- Information programs/documentaries on the television
- The internet
- Other women and relatives
- Motherhood centers
- Private doctors and other health care workers
- UNRWA clinics
- Brochures from clinics
- Posters

Additional Information Requested About Family Planning

FGD participants stated that they seek information about side effects, especially longer term, of modern birth control methods and how contraceptives affect future pregnancy. For example, one participant stated:

“The packages the pill and IUDs come in talk a lot about the advantages of these methods, but not about the side effects.”

Another participant stated a belief that there is an increased risk of cancer from using modern methods such as the pill or the IUD. Another participant stated:

“I have been using an IUD for 10 years, but I need to know what this means for my body. I have no idea what the long-term effects are.”

FGD participants asked for a wide selection of addition information on family planning. This included information on:

- New FP methods, including: complications, best age to use, what suits the body
- What to do after menopause and how menopause affects the body
- Contraceptive pills and the relationship to weight gain and weight loss
- IUDs and health complications
- Women’s gynecological health and the cause of infections
- Cervical intraepithelial neoplasia
- Having children later in life

Participants also seem willing and interested in self-awareness and research. As related by one participant:

“I read everything, even the information that comes with the Pill and the IUD. I also look for information on the internet. I don’t trust just the doctor to tell me what I need to know.”

Some participants felt that it was particularly important that information was available to newlyweds and that young women had access to information about the risks associated with using the withdrawal method.

Participants also wanted information and advice on how to get their husbands to understand more about family planning and requested information specifically targeted at men.

Information Sources

Participants requested information from:

- The doctor
- Health center
- JAFPP clinics
- Internet
- Home visits
- Motherhood and childhood centers
- UNRWA Health Centers
- Specialist doctors
- Television

A disparity between the FGDs was found about the reliability of information from peers. Some participants stated they would not simply rely on information from friends or relatives, and would much rather get information from clinics and doctors, as it is more reliable.

Others, conversely, stated using more stories from other women would be helpful and allow women to feel that the information being shared was relevant to women from their community.

FGD participants agreed that the following channels were best in terms of delivery of information:

- Seminars or awareness sessions at the clinics
- Brochures
- Home visits from health care workers
- Discussions with a specialist
- Television programs
- Fact sheets
- Posters in the clinics
- The Internet

Affordability of Contraceptives

FGD participants, in general, believe that modern contraceptive methods are affordable at the pharmacy.

Some participants receive free pills from the Ministry of Health (MoH) or UNRWA clinics.

Conclusion

The FGDs revealed a complex and sophisticated understanding by participants of relevant issues that affect them directly. While cultural and social norms related to family planning issues and decision making continue to exert pressure on women, there is knowledge about both traditional and modern methods for family planning. Further, participants expressed a deep interest in broadening their knowledge about family planning options, the effect different methods have on their bodies and obtaining access to a broader range of general and specialized family planning services.

Key participant perceptions include:

Family Planning Perceptions

- Having children earlier in married life was a good decision for health reasons and because of social expectations and pressures.
- There are some concerns with having children early in life, such as maturity of the mother and financial stability, but having a child as early as possible after marriage is more important than any age-specific concerns. This was specifically related to perceived social pressures.
- Having children within the first two years of marriage is preferable as is a space of three to five years between children.

Motivations to Switch from Traditional to Modern Family Planning Methods

- The most concerning difficulties associated with modern birth control methods (i.e. the pill, IUDs) are those that impact the woman's body. The main reason preventing

them from moving to modern methods was the impact they would have on their bodies and the possibility of them affecting future fertility.

- Regardless of problems they encounter with contraceptives, there are a number of benefits to using them. Modern and traditional FP methods are perceived to have the same ultimate outcome.

Family Planning Decision Making

- Extended family, especially mother-in-laws, are influential in family planning and family size decisions.
- Family members help to resolve disagreements and challenges related to FP.

General Family Planning Information

- Participants have a preference for IUDs and the pill as family planning methods.
- Participants seek a wide selection of additional information on family planning, including information about side effects, especially longer term, of modern birth control methods and how contraceptives affect future pregnancy.

Annex A – FDG Guides

Motivators for Using Family Planning

Read the text below to the participants of the FGD before you begin.

Abt Associates, a partner of the Jordan Association for Family Planning and Protection, has contracted the International Solutions Group (ISG) to conduct focus group discussions with community members who use the clinics and those who do not. We would like to thank _____ organization for helping to facilitate this meeting with you.

Your ideas will be very important for helping Jordan health providers in better responding to your needs and improving your access to a high quality FP choice in Jordan.

ISG will be using the information it collects to write an analysis report for Abt Associates. ISG will not mention your name in connection with any answers you give. You are not required to provide us personal information that you do not wish to, nor answer the questions if you don't wish to and if at any time you wish to end your participation in the focus group, please let me know and we will stop.

Thank you for your participation.

1. What are the benefits of having children earlier than later in life?
2. What are the concerns of having children earlier than later in life?
3. Do the participants prefer to have children within the first year or two of marriage? Why?
4. What are the group's preferences for birth spacing (1 year, 3 years) within the group?
5. How does the group try to space the birth of children? What methods are used commonly?
6. What difficulties do they encounter when planning to space pregnancies? How do they deal with these difficulties?
7. ***TIME ALLOWING:*** Invite 1-2 women who have tried to space birth to tell her story: how did she first decide she wanted to space? Why? How did she raise this issue with her husband? What was his role? How did she come to choose a method? What was the role of her husband in this choice? What was the role of the provider? Did she end up using the method? Why or why not?
8. How does the group try to limit child birth? What methods are used commonly?
9. What difficulties do they encounter when trying to limit child birth? How do they tend to deal with difficulties?

Motivation to Switch from Traditional to Modern FP Methods

Read the text below to the participants of the FGD before you begin.

Abt Associates, a partner of the Jordan Family Planning Clinics has contracted the International Solutions Group (ISG) to conduct focus group discussions with community members who use the clinics and those who do not. We would like to thank _____ organization for helping to facilitate this meeting with you.

Your ideas will be very important for helping Jordan health providers in better responding to your needs and improving your access to a high quality FP choice in Jordan.

ISG will not mention your name in connection with any answers you give. You are not required to provide us personal information that you do not wish to, nor answer the questions if you don't wish to and if at any time you wish to end your participation in the focus group, please let me know and we will stop.

Thank you for your participation.

1. When do women prefer to have children (earlier or later in marriage?) and why?
2. For those who choose to have children later, what methods are used to delay and space pregnancy?
3. What difficulties tend to be encountered when using these methods?
4. What are the benefits /advantages when using these methods?
5. What does the group feel about using modern methods for preventing or planning pregnancies (e.g. pills, IUDs, injectables, condoms) versus the traditional methods (ovulation / rhythm counting, withdrawal)
6. What would prevent the group from switching to some of the more modern methods? And Why?
7. Does the group feel they have access to adequate information and knowledge of some of the modern methods used today? How do they receive this information?
8. What information would they like to have to help them make decisions on family planning and from whom?
9. How would this information best be delivered to them?
10. Time Allowing: Would you purchase modern contraceptive methods such as oral contraceptive pills in pharmacies?
11. Time Allowing: Do you feel contraceptive methods in pharmacies are affordable?

Family Planning Decisions

Read the text below to the participants of the FGD before you begin.

ABT Associates, a partner of the Jordan Family Planning Clinics has contracted the International Solutions Group (ISG) to conduct focus group discussions with community members who use the clinics and those who do not. We would like to thank _____ organization for helping to facilitate this meeting with you.

Your ideas will be very important for helping Jordan health providers in better responding to your needs and improving your access to a high quality FP choice in Jordan.

ISG will not mention your name in connection with any answers you give. You are not required to provide us personal information that you do not wish to, nor answer the questions if you don't wish to and if at any time you wish to end your participation in the focus group, please let me know and we will stop.

Thank you for your participation.

1. How does the group determine how many children they might like to have and when they might like to have them?
2. Who is involved in these decisions? How are they involved? And why them specifically?
3. Who ends up making the final decision once the communication and negotiations are complete?
4. What are some of the disagreements and challenges the group faces when discussing such issues and with whom?
5. How do they overcome the disagreements or challenges? Whose help is resorted to reach a decision?
6. What are the things you tend to agree on?
7. Does anyone in the group use modern family planning methods? (e.g., pills, IUDs, injectables, condoms) once a decision is made to limit or space pregnancies, which methods are more commonly used?
8. Would the group choose to promote one method more than another? And why?
9. What information would they like to have to help them make decisions on family planning and from whom?
10. How would this information best be delivered to them?
11. Time Allowing: Would you purchase modern contraceptive methods such as oral contraceptive pills in pharmacies?
12. Time Allowing: Do you feel contraceptive methods in pharmacies are affordable?